

2204 Wilborn Avenue
South Boston, Virginia 24592
434-517-3100



Halifax Regional Hospital

AN AFFILIATE OF HALIFAX REGIONAL HEALTH SYSTEM

October 16, 2006

Mr. Mike Perkins
United States Nuclear Regulatory Commission
Division of Nuclear Materials Safety
Region I
475 Allendale Road
King of Prussia, PA 19406

Br. 1

2006 OCT 18 AM 11: 05

RECEIVED
REGION 1

Reference: Add Authorized User
Add site

Dear Mr. Perkins:

03015012

We would like to add Habib F. Bassil, M.D., as an authorized user to our license #45-18401-01. Our Radiation Safety Committee makes this recommendation for 10 CFR 35.200 use.

Enclosed please find the following documents as it relates to Dr. Bassil:

- NRC Form 313A Habib Bassil with Frank Bloer preceptor
- NRC Form 313A Habib Bassil with Richard D. Goulah, M.D., preceptor
- Letter re: Habib Bassil from Richard D. Goulah, M.D.

Also, we would like to add an address of use to our license #45-18401-01. The use of this space will be limited to 35.200 radionuclides whose ordering, receipt, possession, use, and disposal will be in keeping with our current license. A layout diagram for this space is attached. This space is located on our campus and the address is 2232 Wilborn Avenue, South Boston, Virginia 24592.

These actions have a direct bearing on the provision of cardiac care at our facility. Anything you may do to expedite this would be greatly appreciated. Should you have any questions, please contact Lewis R. Rash at (434) 517-3633.

Sincerely,

Thomas S. Kluge
Chief Operating Officer

TSK:cbs

Enclosure

139573
NMSS/RONI MATERIALS-002

Radiation Safety Committee

10/13/2006

Present Dennis Stanley, M.D., AU
Lewis Rash, RSO
Tom Kluge, Administration
Jimmy Childrey, Radiology Director
Patricia Thomas, Nursing
Karen Shotwell, Cardiac Cath

Minutes of the previous (9/19/2006) meeting were approved.

- After review and discussion the committee on proper motion and second unanimously carried to approve a new site for use of material under our NRC license.
- After review and discussion the committee on proper motion and second unanimously carried to approve the addition of Habib F. Bassil, M.D. as an authorized user for 10 CFR 35.200.

Meeting adjourned at 1225 HRS.



Richard D. Goulah, MD
H. F. Bassil, MD
R. C. Harmer, MSN, FNP
Jennifer N. Johnson, PA-C

Physicians Pavilion
2232 Wilborn Avenue, Suite A
South Boston, Virginia 24592
(434) 572-8977
fax (434) 572-2510

October 9, 2006

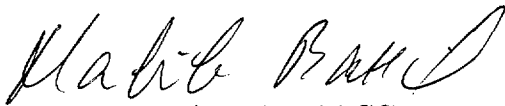
U.S. Nuclear Regulatory Commission

To Whom It May Concern:

I am submitting an application for licensure as an authorized user as defined under 10 CFR 35.200 (limited to cardiovascular procedures). Enclosed please find my preceptor's letter, as well as NRC form 313A for training and experience.

Thank you for your attention to this matter.

Sincerely,


Habib F. Bassil, M.D., FACC

**MEDICAL USE TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**

PART I -- TRAINING AND EXPERIENCE

Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulation (10 CFR Part 35).

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

Habib F. Bassil, M.D. Proposed Authorized User 35.200

2. For Physicians, Podiatrists, Dentists, Pharmacists -- State or Territory Where Licensed

Virginia

3. CERTIFICATION

- a. Provide a copy of the board certification. (Stop here if applying under 10 CFR Part 35, Subpart J or 35.590(a); continue if applying under other subparts.)
- b. Provide documentation in appropriate items 4 through 10 of training or clinical case work required by 35.50(e); 35.51(c); 35.290(c)(1)(ii)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(ii)(G); 35.396(d)(1) and 35.396(d)(2); 35.590(c); or 35.690(c).
- c. Provide completed Part II Preceptor Attestation, Items 11a through 11d.
Stop here after completing items 3a, 3b, and 3c when using board certification to meet 10 CFR Part 35 training and experience requirements.

4. INDIVIDUALS IDENTIFIED ON A LICENSE OR PERMIT AS RADIATION SAFETY OFFICERS (RSO), AUTHORIZED USERS (AU), AUTHORIZED MEDICAL PHYSICISTS (AMP), OR AUTHORIZED NUCLEAR PHARMACISTS (ANP) SEEKING ADDITIONAL AUTHORIZATIONS

- a. Provide a copy of the license or broadscope permit listing the current authorization **and** (b) or (c)
- b. Complete items 6c (and 10 when training is provided by an RSO, AMP, ANP, or AU) and preceptor items 11b through 11d to meet requirements for: RSO in 35.50(c)(2) or 35.50(e); or AU in 35.290(c)(1)(ii)(G) or 35.390(b)(1)(ii)(G) or 35.590(c) or 35.690(c); or AMP under 35.51(c).
- c. Complete items 5, 6a, 6b, 10, and Preceptor items 11a through 11d to meet AU requirements in 35.396(a).

5. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	See Separate Form 313A		
Radiation Protection	See Separate Form 313A		
Mathematics Pertaining to the Use and Measurement of Radioactivity	See Separate Form 313A		
Radiation Biology	See Separate Form 313A		
Chemistry of Byproduct Material for Medical Use	See Separate Form 313A		
OTHER			

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6a. WORK OR PRACTICAL EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
Ordering, receiving and unpacking radioactive materials safely and performing the related radiation surveys	Richard D. Goulah, M.D.	Halifax Regional Health Lic. #45-18401-01 Halifax Heart (Oddysy	04/2003 to 9/2006 260 Hrs.
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		Imaging) Lic. #45-25516-01	04/2003 to 9/2006 70 Hrs.
	Richard D. Goulah, M.D.	"	04/2003 to 9/2006 180 Hrs.
Calculating, measuring and safely preparing patient or human research subject dosages	Richard D. Goulah, M.D.	"	04/2003 to 9/2006 180 Hrs.
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Richard D. Goulah, M.D.	"	04/2003 to 9/2006 90 Hrs.
Using procedures to safely contain spilled radioactive material and using proper decontamination procedures	Richard D. Goulah, M.D.	"	04/2003 to 9/2006 110 Hrs.
Eluting generator systems appropriate for preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclide purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs	Richard D. Goulah, M.D.	"	04/2003 to 9/2006 10 Hrs.
TOTAL Hrs.>700			

6b. SUPERVISED CLINICAL CASE EXPERIENCE (describe experience elements in 6a)

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
Tc-99m	Diagnostic 35.200		Richard D. Goulah, M.D.	Same as 6.a. above	04/03 to 9/06
					>1610 cases
					using Tc-99m

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

10. SUPERVISING INDIVIDUAL -- IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR Part 35, provide the following information for each) :

A. Name of Supervisor

Richard D. Goulah, M.D.

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 35.290

for medical uses in Part 35, Section(s) 35.200

D. Address

2204 Wilborn Ave.
South Boston, Virginia 24592

E. Materials License Number

45-18401-01

PART II -- PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet training requirements in 35.590 or Part 35, Subpart J (except 35.980).

I attest the individual named in Item 1:

11a.

has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) 35.290 as documented in section(s) 6.a. and 6.b. of this form.

11b. Select one

meets the requirements in 35.50(e) 35.51(c) 35.390(b)(1)(ii)(G) 35.690(c) for _____ types of use, as documented in section(s) _____ of this form.

N/A

11c.

has achieved a level of competency sufficient to independently operate a nuclear pharmacy (for 35.980); **OR**

has achieved a level of competency sufficient to function independently as an authorized _____ for _____ uses (or units); **OR**

has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer for a medical use licensee ; **OR**

N/A

11d.

I am an Authorized Nuclear Pharmacist; **OR** I am a Radiation Safety Officer; **OR**

I meet the requirements of _____ section(s) of 10 CFR Part 35

or equivalent Agreement State requirements to be a preceptor AU or AMP

for the following byproduct material uses (or units): _____

A. Address

B. Materials License Number

C. NAME OF PRECEPTOR (print clearly)

Richard D. Goulah, M.D.

D. SIGNATURE -- PRECEPTOR

Richard D. Goulah MD

E. DATE

10-6-06

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6c. TRAINING FOR SECTIONS 35.50(e), 35.51(c), 35.590(c), or 35.690(c)

Training Element	Type of Training *	Location and Dates

* Types of training may include supervised (complete item 10 for 35.50(e), 35.51(c), and 35.690(c)), didactic, or vendor training.

7. FORMAL TRAINING Physicians (for uses under 35.400 and 35.600) and Medical Physicists

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.490)

8. RADIATION SAFETY OFFICER (RSO) -- ONE-YEAR FULL-TIME EXPERIENCE

- YES Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervision.
 N/A of _____ the RSO for License No. _____

9. MEDICAL PHYSICIST -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

- YES Completed 1 year of full-time training (for areas identified in item 6a) in therapeutic radiological physics (35.961) or medical physics (35.51) under the supervision of _____
 N/A who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);
- and**
- YES Completed 1 year of full-time work experience (at location providing radiation therapy services described and for topics identified in item 6a) for (specify use or device) _____
 N/A under the supervision of _____ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) _____

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION

PART I -- TRAINING AND EXPERIENCE

Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations (10 CFR Part 35).

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

Habib F. Bassil, M.D.

2. For Physicians, Podiatrists, Dentists, Pharmacists – State or Territory Where Licensed

3. CERTIFICATION

a. Provide a copy of the board certification. *(Stop here if applying under 10 CFR Part 35, Subpart J or 35.590(a); continue if applying under other subparts.)*

b. Provide documentation in appropriate items 4 through 10 of training or clinical case work required by 35.50(e); 35.51(c); 35.290(c)(1)(ii)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(ii)(G); 35.396(d)(1) and 35.396(d)(2); 35.590(c); or 35.690(c).

c. Provide completed Part II Preceptor Attestation, Items 11a through 11d.

Stop here after completing items 3a, 3b, and 3c when using board certification to meet 10 CFR Part 35 training and experience requirements.

4. INDIVIDUALS IDENTIFIED ON A LICENSE OR PERMIT AS RADIATION SAFETY OFFICERS (RSO), AUTHORIZED USERS (AU), AUTHORIZED MEDICAL PHYSICIST (AMP), OR AUTHORIZED NUCLEAR PHARMACISTS (ANP) SEEKING ADDITIONAL AUTHORIZATIONS

a. Provide a copy of the license or broadscope permit listing the current authorization **and** (b) or (c).

b. Complete items 6c (and 10 when training is provided by an RSO, AMP, ANP, or AU) and preceptor items 11b through 11d to meet requirements for: RSO in 35.50(c)(2) or 35.50(e); or AU in 35.290(c)(1)(ii)(G) or 35.390(b)(1)(ii)(G) or 35.590(c) or 35.690(c); or AMP under 35.51(c).

c. Complete items 5, 6a, 6b, 10, and Preceptor items 11a through 11d to meet AU requirements in 35.396(a).

5. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	Associates in Medical Physics, LLC 5288 Transportation Blvd Cleveland, OH 44125	35	September 8-15, 2006
Radiation Protection	"	27	"
Mathematics Pertaining to the Use and Measurement of Radioactivity	"	6	"
Radiation Biology	"	5	"
Chemistry of Byproduct Material for Medical Use	"	7*	"
OTHER	* Includes hands on experience in Mo-99/Tc-99m generator elution, kit preparations and alumina breakthrough analysis, while being supervised in a radiopharmacy.		

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6a. WORK OR PRACTICAL EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience

6b. SUPERVISED CLINICAL CASE EXPERIENCE (describe experience elements in 6a)

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6c. TRAINING FOR SECTIONS 35.50(e), 35.51(c), 35.590(c), OR 35.690(c)

Training Element	Type of Training*	Location and Dates
Training in radiation safety, regulatory requirements and emergency procedures for types of use allowed in 10CFR35.290 and 10CFR35.50(e).	Didactic training in the form of lecture and hands on radiopharmacy experience as described in Item 5 above on this NRC Form 313A.	As described in Item 5 above: Associates in Medical Physics, LLC 5288 Transportation Blvd Cleveland, OH 44125 September 8-15, 2006

*Types of training may include supervised (complete item 10 for 35.50(e), 35.51(c), and 35.690(c)), didactic, or vendor training.

7. FORMAL TRAINING Physicians (for uses under 35.400 and 35.600) and Medical Physicists

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.490)

8. RADIATION SAFETY OFFICER (RSO) -- ONE-YEAR FULL-TIME WORK EXPERIENCE

- YES Completed 1-year of full-time radiation safety experience (in areas identified in item 6a) under supervision of _____ the RSO for License No. _____
- N/A

9. MEDICAL PHYSICIST -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

- YES Completed 1-year of full-time training (for areas identified in item 6a) in therapeutic radiological physics (35.961) or medical physics (35.51) under the supervision of _____
- N/A who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);
- and**
- YES Completed 1-year of full-time work experience (at location providing radiation therapy services described and for topics identified in item 6a) for (specify use or device) _____
- N/A under the supervision of _____ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) _____

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

10. SUPERVISING INDIVIDUAL -- IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of *(if more than one supervising individual is needed to meet requirements in 10 CFR 35, provide the following information for each)*:

- A. Name of Supervisor _____ B. Supervisor is:
- Authorized User Authorized Medical Physicist
 Radiation Safety Officer Authorized Nuclear Pharmacist
- C. Supervisor meets requirements of Part 35, Section(s) _____
for medical uses in Part 35, Section(s) _____
- D. Address _____ E. Materials License Number _____

PART II - PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet training requirements in 35.590 or Part 35, Subpart J (except 35.980).

I attest the individual named in Item 1:


11a. has satisfactorily completed the requirements in Part 35, Section (s) and Paragraph(s) 35.290(c)(1)(i) as documented in section(s) 5,6c of this form.

11b. Select one
 meets the requirements in 35.50(e) 35.51(c) 35.390(b)(1)(ii)(G) 35.690(c) for _____ types of use, as documented in section(s) _____ of this form.
 N/A

11c. has achieved a level of competency sufficient to independently operate a nuclear pharmacy (for 35.980); **or**
 has achieved a level of competency sufficient to function independently as an authorized _____ for _____ uses (or units); **or**
 has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer for a medical use licensee; **or**
 N/A

11d. I am an Authorized Nuclear Pharmacist; **or** I am a Radiation Safety Officer; **or**
 I meet the requirements of _____ section(s) of 10 CFR Part 35 or equivalent Agreement State requirements to be a preceptor AU or AMP for the following byproduct material uses (or units): _____

A. Address 5288 Transportation Blvd B. Materials License Number 34-26645-02
Cleveland, OH 44125

C. NAME OF PRECEPTOR (print clearly) <u>Frank Bloe</u>	D. SIGNATURE -- PRECEPTOR 	E. DATE <u>September 15, 2006</u>
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MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6c. TRAINING FOR SECTIONS 35.50(e), 35.51(c), 35.590(c), OR 35.690(c)

Training Element	Type of Training*	Location and Dates
Training in radiation safety, regulatory requirements and emergency procedures for types of use allowed in 10CFR35.290 and 10CFR35.50(e).	Didactic training in the form of lecture and hands on radiopharmacy experience as described in Item 5 above on this NRC Form 313A.	As described in Item 5 above: Associates in Medical Physics, LLC 5288 Transportation Blvd Cleveland, OH 44125 September 8-15, 2006

*Types of training may include supervised (complete item 10 for 35.50(e), 35.51(c), and 35.690(c)), didactic, or vendor training.

7. FORMAL TRAINING Physicians (for uses under 35.400 and 35.600) and Medical Physicists

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.490)

8. RADIATION SAFETY OFFICER (RSO) -- ONE-YEAR FULL-TIME WORK EXPERIENCE

- YES Completed 1-year of full-time radiation safety experience (in areas identified in item 6a) under supervision of _____ the RSO for License No. _____.
- N/A

9. MEDICAL PHYSICIST -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

- YES Completed 1-year of full-time training (for areas identified in item 6a) in therapeutic radiological physics (35.961) or medical physics (35.51) under the supervision of _____.
 - N/A who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);
- and**
- YES Completed 1-year of full-time work experience (at location providing radiation therapy services described and for topics identified in item 6a) for (specify use or device) _____.
 - N/A under the supervision of _____ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) _____.

**TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER**

1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER <p align="center">Habib F. Bassil, M.D.</p>	2. FOR PHYSICIANS, STATE OR TERRITORY WHERE LICENSED
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3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

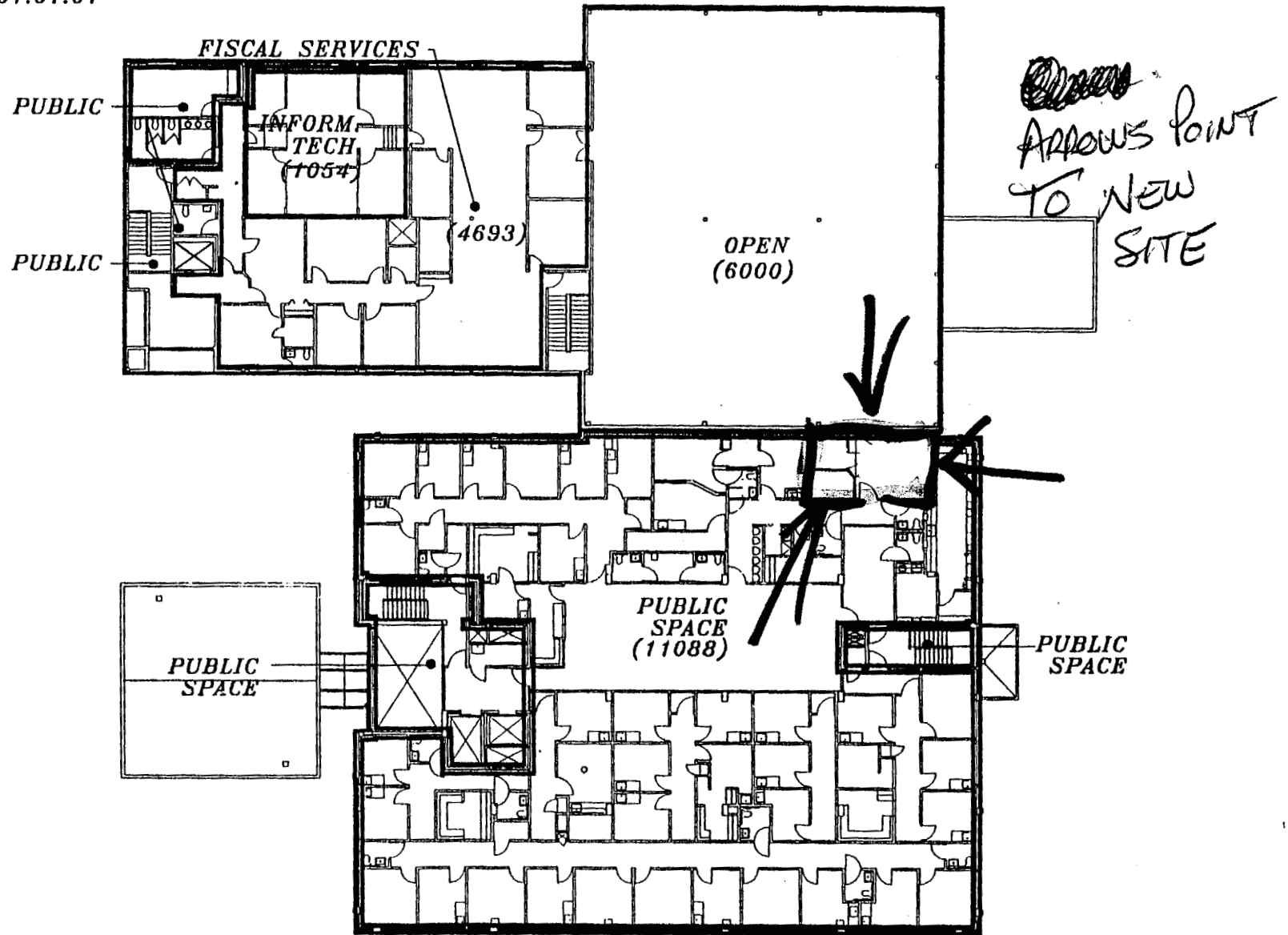
FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		CLOCK HOURS IN LECTURE OR LABORATORY	CLOCK HOURS OF SUPERVISED ON-THE-JOB EXPERIENCE
a. RADIATION PHYSICS AND INSTRUMENTATION	80 Hour Nuclear Licensing Course for Physicians held by Associates in Medical Physics LLC in Cleveland, Ohio on the following dates: September 8-15, 2006	35	
b. RADIATION PROTECTION	"	27	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	"	6	
d. RADIATION BIOLOGY	"	5	
e. RADIOPHARMACEUTICAL CHEMISTRY	"	4	3

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE	mCi USED AT ONE TIME	LOCATION	CLOCKS HOURS	TYPE OF USE

HRHS - SUPPORT SERVICE BLDG (11970 GSF)

AS OF 01.01.01



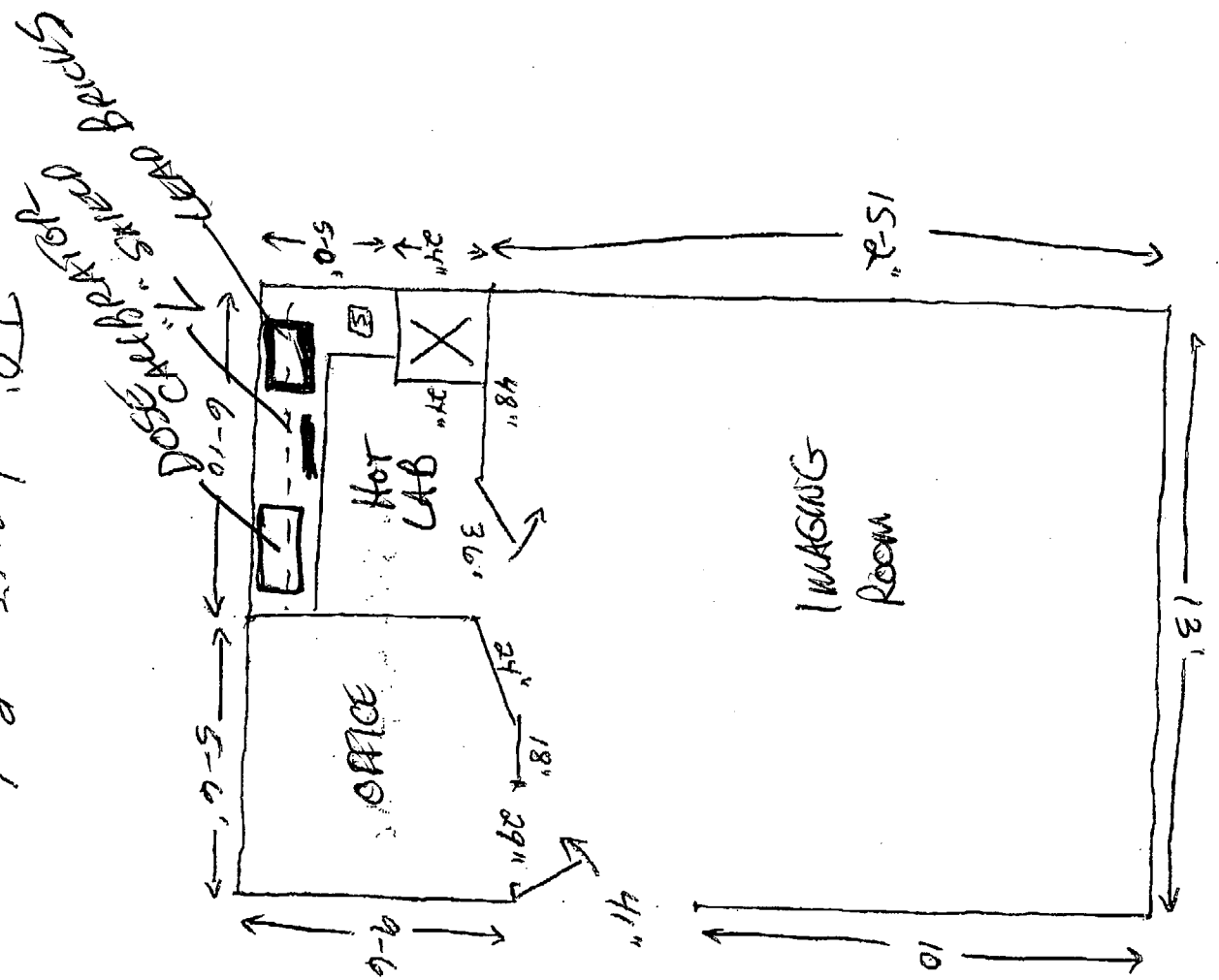
0' 16' 32'
SCALE: 1/32"=1'-0"

PREPARED BY:
PAPE, COLE & ASSOC.

HRHS - PHYSICIANS PAVILION LEVEL TWO FLOOR PLAN (12765 GSF)

AS OF 01.01.01

FIGURE 11



TO: Lewis Rask
FROM Pete Scheckel